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CONFIRMATION NO. 9419

<b>SERIAL NUMBER</b> 09/613,092	<b>FILING OR 371(c) DATE</b> 07/10/2000 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 68430
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of PCT/US99/04326 02/26/1999  
 which claims benefit of 60/076,565 03/02/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 09/07/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

23859

**TITLE**

MULTIPLE ANTIGENIC PEPTIDES IMMUNOGENIC AGAINST STREPTOCOCCUS PNEUMONIA

<b>FILING FEE RECEIVED</b> 906	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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